



CITY OF NEWPORT BEACH

COMMUNITY DEVELOPMENT DEPARTMENT BUILDING DIVISION

3300 Newport Boulevard | P.O. Box 1768 | Newport Beach, CA 92658
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COMMERCIAL MECHANICAL, ELECTRICAL, AND PLUMBING QUESTIONNAIRE FOR PLAN REVIEW WAIVER

Job Address: _____

The above-proposed project **may** require electrical, mechanical, and or plumbing plan checking. The following questions are regarding the **new** proposed work and the applicable areas it serves. If the answer to a question below is “**YES**,” a plan check is required for the Electrical, Mechanical, and/or Plumbing portion of work. To expedite the permit process, please submit this questionnaire along with an application and (3) sets of plans.

NOTE: The Chief Building Official may make exceptions for minor work, additions, and alterations.

COMMERCIAL TENANT IMPROVEMENTS ONLY

GENERAL

	<u>NO</u>	<u>YES</u>
1. Is the area of work more than 2,500 square feet?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the area of work for OTHER THAN an occupancy classification and (use) of B (office), or M (retail)?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the area of work require a concurrent review from any other City department or outside agency (i.e. Health, Fire, or Public Works)?	<input type="checkbox"/>	<input type="checkbox"/>

PLUMBING

	<u>NO</u>	<u>YES</u>
4. Does the work include more than 9 plumbing fixtures?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the potable water piping 2-inches or greater?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the work involve the installation of any pumps?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the work include a gas system other than typical low pressure system?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are there any installations, alterations, or relocations of a grease interceptor?	<input type="checkbox"/>	<input type="checkbox"/>

MECHANICAL**NO** **YES**

- | | | |
|---|--------------------------|--------------------------|
| 9. Does the work include any refrigeration equipment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Does the work include new rooftop equipment weighing a total of 250 lbs. or more? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Does the work include duct work with fire and or smoke dampers or duct extensions over 10 feet? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Are there any new installations containing a commercial type kitchen hood, Types I or II? | <input type="checkbox"/> | <input type="checkbox"/> |

ELECTRICAL**NO** **YES**

- | | | |
|--|--------------------------|--------------------------|
| 13. Does the work include a new service, sub panel, or transformer rated over 400 amps? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Does the work involve more than 5 branch circuits? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Indoor lighting: Any new or replacement lighting over 50% of the existing lighting in the area? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Outdoor lighting: Any new or replacement lighting over 50% of the existing luminaries in a permitted area? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Does the work involve any high voltage installations (over 600 volts)? | <input type="checkbox"/> | <input type="checkbox"/> |

ITEMS NOT ELIGIBLE FOR M.E.P. PLAN REVIEW WAIVER**PLUMBING**

- New restroom facilities
- Septic tanks, cesspools
- Chemical waste
- Combination waste & vent

MECHANICAL

- Boilers
- Spray booth
- Fire and/or smoke damper
- Medical gas system
- Medium pressure gas piping

ELECTRICAL

- OSHPD 3 uses
- Dock or harbor power
- Photovoltaic or standby generator
- Fuel cells

I certify that the above information is true and correct.

Signature: _____ Date: _____

Print Name: _____

Phone #: _____